Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : HARPER, KYNES, GELLER, & GREENLEAF, P.A.

Account Number : 070651000745 Phone

: (727)799-4840

Fax Number : (727)797-8206

DISS/TERM/CANCEL/REV OF LP/LLP LSL HAMPTON FAMILY LIMITED PARTNERSHIP, LI

Certificate of Status		0
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Page Count		03
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CERTIFICATE OF DISSOLUTION FOR LSL HAMPTON FAMILY LIMITED PARTNERSHIP, LLLP

Pursuant to Florida Statutes §620.1203, the following Florida limited liability limited partnership (the "Partnership") submits this Certificate of Dissolution to the Florida Department of State for the purposes of dissolving the Partnership in accordance with Chapter 620 of the Florida Statutes, and other laws of the State of Florida.

Name of Partnership

The name of the Partnership as currently filed with the Florida Secretary of State is <u>LSL</u> HAMPTON FAMILY LIMITED PARTNERSHIP, <u>LLLP</u>.

Document Number

The Florida document number of the Partnership is A0300000544.

Filing Date for Certificate of Limited Partnership

The filing date of the Certificate of Limited Partnership for the Partnership was 2003.

Reason for Filing Certificate of Dissolution; Approval of Dissolution

The Partnership has ceased business operations. Dissolution of the Partnership was approved by the unanimous written consent of all of the general partners and limited partners of the Partnership in accordance with Florida Statutes §620:1801 and its partnership agreement.

Effective Date of Dissolution; Notice of Dissolution

The effective date for dissolution of the Partnership shall be December 31, 2017.

A Notice of Dissolution in accordance with Florida Statutes §620.1807 is attached hereto.

REVOCABLE TRUST AGREEMENT OF LEIGH HAMPTON U/A/D 10/6/1995, AS AMENDED, General Partner

-11.

By: Leigh Hampton

Its: Trustee

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From: HKG Main Fax

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REVOCABLE TRUST AGREEMENT OF LYNN HAMPTON U/A/D 10/6/1995, AS AMENDED, General Partner

Leigh Hampton

Its: Co-Trustee

By John Michael Beend

Its: Co-Trustee

By: PNC Bank, N.A.

Its: Co-Trustee

By: Shannon m. Bank

Its: Vice Prendent

[Remainder of page left intentionally blank] [Notice of Dissolution on following page]

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NOTICE OF DISSOLUTION FOR LSL HAMPTON FAMILY LIMITED PARTNERSHIP, LLLP

This Notice of Dissolution is submitted by LSL HAMPTON FAMILY LIMITED PARTNERSHIP, LLLP, a Florida limited liability limited partnership (the "Partnership"), or successor entity, for resolution of payment of unknown claims against this Partnership as provided in Florida Statutes §620.1807.

Name of Partnership

The name of the Partnership as currently filed with the Florida Secretary of State is <u>LSL</u> HAMPTON FAMILY LIMITED PARTNERSHIP, LLLP.

Information That Must be Included in a Claim

The following information must be included in any claim against the Partnership: (a) the basis for the claim; (b) the name, address, telephone number, and contact person of the claimant, and the name, address, and telephone number of claimant's attorney, if any; (c) the amount of the claim (and specify whether the amount is currently due, or the date in which such amount will become due); (d) whether the claim is contingent or unliquidated; and if contingent or unliquidated, a description of the nature of the uncertainty; (c) whether the claim is secured or unsecured; and if secured, a description of such security; and (f) any and all documentation supporting the claim.

All claims must be mailed to: P.O. Box 1608, Lakeland, FL 33802

A CLAIM AGAINST THE ABOVE-NAMED PARTNERSHIP WILL BE BANGED UNLESS A PROCEEDING TO ENFORCE THE CLAIM IS COMMENCED WHITEN FOUR (4) YEARS AFTER THE FILING OF THIS NOTICE.

PARTNERSHIP, LLLP

REVOCABLE TRUST AGREEMENT OF LEIGH HAMPTON U/A/D 10/6/1995, AS AMEDDED, a General Partner

By: Leigh Hampton

Its: Trustee

From: HKG Main Fax

850-817-8581

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12/15/2017 12:40:24 PM PAGE

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Fax Server



December 15, 2017

FLORIDA DEPARTMENT OF STATE

LSL HAMPTON FAMILY LIMITED PARTNERSHIP. LLLP P. O. BOX 1608 LAKELAND, FL 33802

SUBJECT: LSL HAMPTON FAMILY LIMITED PARTNERSHIP, LLLP REF: A03000000544

We received your electronically transmitted encument. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

PAGE 1 OF THE DOCUMENT WAS NOT ORIENTED CORRECTLY, PLEASE PREAK THE ENTIPE DOCUMENT AND COVER SHEET ALL IN PORTRAIT ORIENTATION

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoffed.

If you have any questions concerning the filing of your document, please calī (850) 245-6051.

Stacey M Warren Regulatory Specialist II

FAX Aud. #: H17000327909 Letter Number: 417A00025403

P.O BOX 6327 - Tallahassec, Florida 32314

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